

# MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

## INTERNATIONAL TRADE MISSION

A Trade Mission is an international business trip. Pre-arranged by the Missouri Office of International Trade & Investment, each mission is tailored to each company's international objectives. You will receive pre-screened appointments with local companies, commercial briefings on the local market and assistance from Missouri's international trade managers.

### DELEGATION INFORMATION

Business Name:

Primary Contact:

Title:

E-mail Address:

Website:

Office Phone:

Cellular Phone:

Will your cellular phone work outside of the United States?

☐

Yes

☐

No

Do you have purchasing/selling authority?

☐

Yes

☐

No

Other Delegation Members (please list):

Title(s):

### LOGISTICS

Dates of Travel:

Airport(s) you will be arriving / departing (please list):

Airline:

Flight number:

Arrival time:

Departure time:

Hotel name and address (please let us know if you need reservation assistance):

Do you need us to provide your transportation?

☐

Yes

☐

No

Do you need translation services?

☐

Yes

☐

No

Will you mail/bring product samples?

☐

Yes

☐

No

Will you need any equipment for product demonstrations? Please explain.

What are your goals for this mission?

## PARTNER INFORMATION

What type of a business relationship is your company seeking to establish on this mission?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Agent                 | <input type="checkbox"/> General Importer              | <input type="checkbox"/> Direct Sales to End User     |
| <input type="checkbox"/> JV/Strategic Alliance | <input type="checkbox"/> Technical Exchange            | <input type="checkbox"/> Other (Please specify below) |
| <input type="checkbox"/> Distributor           | <input type="checkbox"/> Manufacturer's Representative |   |

Do you currently export to this area?

- ☐ Yes ☐ No

Does your company already have representation in this market? If so, please list each foreign company representing your company and the type of business relationship:

Do you have specific companies that you would like us to contact? If so, please list their name and details as available.

Do you have specific companies that you do NOT want us to contact?

Please outline the criteria or skills your ideal business partner should possess. For example, English language ability, size, revenue, territorial market coverage, client base, investment, etc.

Is your company willing to grant territorial exclusivity to an agent or distributor in this market?

- ☐ Yes ☐ No ☐ Maybe

## SPECIAL REQUIREMENTS

Do you have any special dietary needs?

Do you have any allergies that we should be aware?

Other

## EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Address:

City:

State:

Zip:

Daytime phone:

Evening phone:

### Please submit form to:

Missouri Department of Economic Development  
Business and Community Services Division  
301 W. High Street, Room 720  
PO Box 118  
Jefferson City, MO 65102 USA